

Haresbrook Park Limited

Haresbrook Park Care Home

Inspection report

Haresbrook Lane
Tenbury Wells
Worcestershire
WR15 8FD

Tel: 01584811786

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14 November 2022
16 November 2022

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13 January 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Haresbrook Park Care Home is a residential care home providing personal and nursing care up to 57 people. At the time of the inspection no one was receiving nursing care. The service is registered to support younger adults, older adults, people living with dementia and mental health. The home is purpose built with all accommodation and facilities on ground floor level over two units. There were 37 people living at the home at the time of our inspection.

People's experience of using this service and what we found

The providers systems and processes to monitor oversight had not always been effective in identifying some of the concerns we found during inspection, including, medicine management and environmental risks.

Medicine audits had not identified areas of concern we highlighted during our inspection. When we raised these concerns, action was taken immediately which included carrying out medication competency checks which ensured all staff assessments were now in date.

Some environmental risks required a more robust oversight to ensure people were not at risk from avoidable harm due to radiator covers being loose.

People were supported by staff that had been recruited safely and had received relevant training to enable them to carry out their roles effectively. Staff understood the different types of abuse and knew how to report and record any concerns.

Accidents and incidents were reviewed by the registered manager to identify any potential themes and trends to prevent the risk of incidents from happening again.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People, relatives and staff views were gained through meetings and surveys to help drive through improvements.

Managers and staff were clear about their roles. Staff spoke positively about the management team and working at the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 16 November 2021).

Why we inspected

The inspection was prompted in part due to concerns which included the management of the home. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Haresbrook Park Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Haresbrook Park Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors and a specialist advisor in nursing on the first day and one inspector on the second day.

Service and service type

Haresbrook Park Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Haresbrook Park Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 03 November 2022 and ended on 01

December 2022. We visited the service on 14 and 16 November 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 3 people who lived at the home about their experience of the care provided and 3 relatives. We spent time seeing how people were cared for. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 9 staff which included the registered manager, deputy manager, care manager, senior care staff member, care staff, head chef, maintenance, business development lead and the provider. We also spoke with a visiting health professional for feedback on their experience of care and working with the management and staff team.

We reviewed a range of records. This included 5 people's care records and multiple medicine records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including accident and incident records, policies and procedures and a sample of completed audits and checks were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- We were not assured the provider was promoting safety through the layout and hygiene practices of the premises. On day 1 of our inspection not all areas of the home were clean to ensure hygiene practices were effectively reducing the likelihood of infections spreading. We found some chairs were dirty and had the outer fabric damaged exposing the foam core and a bathroom and toilet were found to have dirty floors. The registered manager and provider told they had recruited staff who would be joining the domestic team in December 2022.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People were supported to have visitors in the home. A booking system remained in place as some relatives preferred to book a specific room or location for visiting.

Using medicines safely

- Record keeping of controlled drugs was not always accurate or kept up to date. Checks did not identify the controlled drugs register was not accurate to promptly identify potential errors and mitigate risks. On day 2 of the inspection we were provided with evidence that the surplus controlled drugs had been appropriately returned to the pharmacy for destruction.
- Staff had completed training to administer medicines. However, we found 5 staff competency checks were out of date. This meant the provider had not assured themselves all staff continued to be competent to administer medicines. We discussed this with the registered manager and deputy manager who immediately actioned these to be carried out. On day 2 of our inspection, we were provided with evidence staff competency checks had now been carried out and all staff were in date.
- Where people had been prescribed medication to be administered covertly staff practice reflected the safe administration of people's medications. This means when medicines are administered in a disguised form,

usually in food or drink, without the knowledge or consent of the individual receiving the medication. There was a protocol in place to evidence that a mental capacity assessment (MCA) had been completed and a best interests' meeting had taken place. The care plan evidenced that a pharmacist had been consulted on the safe administration method. This meant medicines were administered safely and would not cause harm to the person.

- Where people were prescribed medication on an 'as and when' basis there were protocols for the administration of these which included the maximum dosage in a 24-hour period, indications and frequency of dosage. This meant people received medicines when they needed them to treat short term or intermittent medical conditions.

Assessing risk, safety monitoring and management

- Some environmental risks were, managed well whilst improvements were required to other aspects of the environment to reduce risks to people further. We identified there were radiator covers in place, but some had become detached from the wall, which posed a possible burns risk to people. Once brought to the attention of the management team, action was taken immediately by the maintenance team.
- People had care plans and risk assessments in place. People's needs had been identified and appropriate support was in place. For example, people with complex needs were supported by district nurses and the advanced nurse practitioner from the surgery.
- Regular testing of fire and electrical equipment was carried out. This included weekly, monthly and yearly checks. External contractors completed regular servicing and testing of equipment such as fire equipment to support people's safety.
- People had personal emergency evacuation plans (PEEPs) in place which reflected people's individual needs. This supported people's safety in the event of a fire.

Staffing and recruitment

- The registered manager and provider were open about staff vacancies and the challenges of recruiting staff. The registered manager used consistent agency staff to ensure there were enough staff on shift to monitor and support people safely. The registered manager and provider were continuing with recruiting staff.
- Recruitment records evidenced staff had been recruited safely to ensure they were of good character to support vulnerable people. This included Disclosure and Barring Service (DBS) checks. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of harm. The provider had policies and procedures in place about whistle blowing and safeguarding people.
- People were supported by staff who had received training in safeguarding people and understood the signs of abuse and how to raise concerns if they needed to.
- All staff spoken with said they would be confident to raise any concerns. One staff member said, "I have never seen anything untoward. If I did, I know the correct procedures to follow with reporting and I know any concerns would be acted on." Another staff member said, "I would raise concerns with [care manager], and they would act accordingly. We [staff] have access to policy and can access online."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the provider was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed monthly by the registered manager to identify any trends and themes. Learning from any accidents and incidents were also shared with staff during daily meetings and staff meetings to further reduce risks to people. For example, referrals made to the mental health team.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's quality assurance required strengthening to support people's safety and welfare. For example, as reported on within safe, improvements were required to the cleanliness of the home, medication audits had not identified the controlled drugs register was inaccurate and some staff medication competencies were out of date.
- The registered manager acknowledged improvements needed to continue to be made and sustained. At the time of the inspection the registered manager was spending time at the home and at another of the providers locations. They told us they would be deregistering from the providers other home and dedicating their time solely to Haresbrook Park Care Home so they could be assured people received the care they wanted safely.
- The registered manager was supported by the deputy manager and 2 care managers to help manage the service. This included supporting staff to consistently provide safe and good quality care.
- Staff were positive about the management team and the support they received to enable them to carry out their roles. One staff member said, "[Registered manager name, deputy manager name and provider name] are so supportive and approachable. Any of them are contactable if you need them. [Registered manager name] is so experienced and passionate about the job. They [registered manager and provider] never compromise with support, training for staff. They [registered manager and provider] want the best for people."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was committed to develop an open culture within the home and promote positive team working practices.
- Staff were supported by the management team. Staff spoken with were passionate about their roles and people living at the home. Comments included, "Haresbrook is a fun place to work at," "I enjoy the residents (people living at the home) having a good time and chatting with them," and "We [staff] look after residents as if they are family members."
- Relatives were positive about the culture and care provided by staff. Relatives described staff as, "friendly," "welcoming," "kind" and "caring". One relative said, "We can't thank them [staff] enough for the support they [staff] have given".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager apologised when things went wrong in people's care. When formal complaints were made actions were taken to address any issues including driving through improvements.
- The registered manager and provider were open and transparent throughout the inspection process. They acknowledged the areas identified at inspection where improvements were required and acted promptly.
- The registered manager understood their legal responsibility to submit statutory notifications to the Care Quality Commission (CQC) when significant events occurred at the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff views were sought. Surveys were sent out in November 2022. We reviewed the responses received so far and, overall, they were positive. The registered manager told us they would analyse responses and act accordingly where possible to ensure people's needs were being promoted, and people were supported with the care they required.

Continuous learning and improving care; Working in partnership with others

- The provider and registered manager had worked with the local authority on improvements that had been identified. The registered manager shared the report with us which showed on the whole most actions had been met. Any outstanding met or partially met actions were being progressed to further improve the quality of care people received.
- The registered manager worked collaboratively with other agencies. This included the local authority, commissioners and health and social care professionals to ensure good outcomes for people. A healthcare professional who works closely with the staff team told us improvements had been made. This included improved communication between the management and the staff team and the GP surgery, following advice and making information available on request to promote people's needs.